

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PRIVATE CAR TAX RETURN

For the Tax Year 2003

Due on or before 15 days from date of Notice of Value and Tax Bill.

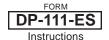
FOR DRAUSE ONLY

| STEP 1 | NAME OF TAXPAYER | FEDERAL EMPLOYER IDENTIFICATION NUMBER | | | | |
|---|--|---|-----------------------------------|--|--|--|
| Please Type or Print | NUMBER & STREET ADDRESS | | | | | |
| | ADDRESS (Continued) | | | | | |
| | CITY/TOWN, STATE & ZIP CODE | | | | | |
| STEP 2 | Check Return Type | | | | | |
| Return Type | Annual Return Amended Return Final Retu | rn | | | | |
| STEP 3 Figure Your Tax, Credits, Interest and | Market value of property in New Hampshire | . 1 | | | | |
| | 2 Average state level of assessment ratio | . 2 | | | | |
| Penalties | 3 Assessed valuation of your property as of April 1 | . 3 | | | | |
| | 4 Average rate of taxation per \$1,000 of property valuation | . 4 | | | | |
| | 5 Annual Private Car Tax, (Line 3 multiplied by Line 4, divided by 1000) | · | 5 | | | |
| | 6 Payments: | | | | | |
| | (a) Payments from estimated taxes | . 6(a) | | | | |
| | (b) Credit carryover from prior year or other payments | . 6(b) | | | | |
| | (c) Paid with original return (amended returns only) | . 6(c) | | | | |
| | Enter the sum of Lines 6(a) through 6(c) | . <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | 6 | | | |
| | 7 Balance of Tax Due (Line 5 minus Line 6) | | 7 | | | |
| | 8 Additions to Tax: | | | | | |
| | (a) Interest | 8(a) | | | | |
| | (b) Failure to Pay | . 8(b) | | | | |
| | (c) Failure to File | . 8(c) | | | | |
| | (d) Underpayment of Estimated Tax | . 8(d) | | | | |
| | Enter the sum of Lines 8(a) through 8(d) | · \ | 8 | | | |
| STEP 4 Figure Your | 9 Net Balance Due (Line 7 plus Line 8) Make check payable to: State of New Hampshire | | 9 | | | |
| Net | (if less than \$1.00 do not pay, but still file the return) | · | | | | |
| Balance Due or | 10 Overpayment (Line 6 minus, Line 5 plus Line 8, if applicable) | . 10 | | | | |
| Overpay- ment | 11 Amount of Line 10 to be applied to: | | | | | |
| | (a) Credit 2004 year tax liability | · | 11(a) | | | |
| | (b) Refund (allow 12 weeks for processing) | . <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | 11(b) | | | |
| STEP 5 | Under penalties of perjury, I declare that I have examined this return a | • | | | | |
| Signatures | by a person other than the taxpayer, this return is based on all info | irmation of which the prepare | ri nas knowledge. | | | |
| | | | | | | |
| FOR DRA USE | ONLY SIGNATURE (IN INK) OF TAXPAYER DATE | SIGNATURE (IN INK) OF PAID | PREPARER OTHER THAN TAXPAYER DATE | | | |
| | TITLE | PREPARER'S TAX IDENTIFICATION NUMBER (PTIN) | | | | |
| | NH DEPT OF REVENUE ADMINISTRATION MAIL DOCUMENT PROCESSING DIVISION | PREPARER'S ADDRESS | | | | |
| | TO: PO BOX 637 | CITY/TOWN, STATE & ZIP COL | DE | | | |
| | CONCORD NH 03302-0637 | | | | | |

FORM DP-111

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION **PRIVATE CAR TAX RETURN** INSTRUCTIONS

| Instructions | INSTRUCTIONS | | | | |
|--------------------------|--|--|--|--|--|
| WHO MUST FILE | Every corporation or company not a railroad company, owning any cars operated for profit on any railroad must file a Private Car return Form DP-111. Every railroad, railway, espress and every parlor, sleeping or dining car corporation or company must file a Form DP-110, Railroad Tax Return. | | | | |
| WHEN TO FILE | The DP-111 is due on or before 15 days from date of Notice of Value and Tax Bill. | | | | |
| WHERE TO FILE | Mail the DP-111 to: NH Department of Revenue Administration, Document Processing Division, PO Box 637, Concord NH 03302-0637. FACSIMILE RETURNS ARE NOT ACCEPTED | | | | |
| ESTIMATED TAX DUE | Every corporation or company required to file a DP-111 must file a declaration of its estimated private car tax for the subsequent taxable period. One quarter of the private car estimated tax is due on April 15, June 15, September 15 and December 15. If any of these dates fall on a weekend or holiday, the estimate tax payment is due on the next business day. See the instructions with Form DP-2210/2220 for exceptions and penalties for noncompliance. | | | | |
| ROUNDING OFF | Money items on all Private Car Tax forms may be rounded off to the nearest whole dollar. | | | | |
| APPEALS | Hearings: A taxpayer may petition the Department for redetermination or reconsideration within 30 days after the Notice of Assessment by written application to the Board of Tax and Land Appeals (BTLA). The BTLA shall determine the correctness of the Department's action de novo. Visit the BTLA on the web @ www.state.nh.us/btla. Appeal: The state or any corporation or company against whom a tax is assessed, if aggrieved by the decision of the BTLA may appeal to the supreme court pursuant to RSA 541, as amended. | | | | |
| CONFIDENTIAL INFORMATION | Tax information which is disclosed to the Department is held in strict confidence by law. The information may be disclosed to the United States Internal Revenue Service, agencies responsible for the administration of taxes in other states in accordance with compacts for the exchange of information, and as otherwise authorized by New Hampshire Revised Statutes Annotated 21-J:14. | | | | |
| NEED HELP OR FORMS | Call the New Hampshire Department of Revenue at (603) 271-2687, Monday through Friday 8:00 am - 4:30 pm. For forms please visit our web site @ revenue.nh.gov. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964. | | | | |
| LINE 1 | This amount is the market value of property in New Hampshire. | | | | |
| LINE 2 | This ratio is the average state level of assessment as shown on your Notice of Valued and Tax Bill. | | | | |
| LINE 3 | This amount is the assessed valuation of your property as of April 1, 2003 as determined by the Assessment Bureau, Community Services Division, Department of Revenue Administration (603)271-2687. | | | | |
| LINE 4 | This amount is the average rate of taxation per \$1,000 of property valuation as determined by the Assessment Bureau, Community Services Division, Department of Revenue Administration (603) 271-2687. | | | | |
| LINE 5 | This is the amount of the annual tax, computed by multiplying Line 3 times Line 4, divided by 1000. | | | | |
| LINE 6(a) | Enter estimated payments to be applied to this year. | | | | |
| LINE 6(b) | Enter any other credits, payments, or prior refunds and attach an explanation. Show refund with parenthesis, i.e. (\$50). | | | | |
| LINE 6(c) | When filing an AMENDED RETURN enter the amount of payment remitted with the original return. | | | | |
| LINE 6 | Enter the total of Lines 6(a), 6(b) and 6(c). | | | | |
| LINE 7 | Enter the remainder of Line 5, minus Line 6 to calculate the subtotal of tax due. | | | | |
| LINE 8(a) | INTEREST: Interest is calculated on the balance of tax due from the original due date to the date paid at the applicable rate listed belo Tax due x number of days from due date to date tax was paid x daily rate decimal equivalent. X | | | | |
| | Tax due Number of days Daily decimal rate equivalent Interest due (see below for applicable rates) NOTE: The interest rate is recomputed each year under the provisions of RSA 21-J:28, II. Applicable rates are as follows: | | | | |
| | PERIOD RATE DAILY RATE DECIMAL EQUIVALENT | | | | |
| | 1/1/2004-12/31/2004 7% .000191 1/1/2003 - 12/31/2003 8% .000219 1/1/2002 - 12/31/2002 9% .000247 (contact the Department for applicable rates for any other years) | | | | |
| LINE 8(b) | FAILURE TO PAY: A penalty equal to 10% of any nonpayment or underpayment of taxes shall be imposed if the taxpayer fails to pay when due. If the failure to pay is due to fraud, the penalty shall be 50% of the amount of the nonpayment or underpayment. | | | | |
| LINE 8(c) | FAILURE TO FILE: A taxpayer failing to timely file a complete return may be subject to a penalty equal to 5% of the tax due (on Line 7) or \$10, whichever is greater, for each month or part thereof, that the return remains unfiled. The total amount of this penalty shall not exceed 25% of the balance of tax due (of Line 7) or \$50, whichever is greater. Calculate this penalty starting from the original due date of the return until the date a complete return has been filed. | | | | |
| LINE 8(d) | UNDERPAYMENT OF ESTIMATED TAXES: If Line 5 is more than \$200 you may have been required to file estimated payments during the tax year. To calculate your penalty for nonpayment or underpayment of estimates, or to determine if you qualify for an exception from filing estimate payments, complete and attach Form DP-2210/2220. Form DP-2210/2220 may be obtained by visiting our site @ revenue.nh.gov or by calling (603) 271-2192. | | | | |
| LINE 8 | Enter the sum of Lines 8(a) through 8(d) to calculate the total additions to tax | | | | |
| LINE 9 | If the total tax (Line 5) plus interest and penalties (Line 8) is greater than the payments (Line 6) then enter the balance due. If less than \$1.00, do not pay, but still file the return. Make check or money order payable to: STATE OF NEW HAMPSHIRE . Payment must accompany the return. To ensure the check is credited to the proper account, please put the federal employer identification number on the check. Please enclose, but do not staple or tape, your payment with this return. | | | | |
| LINE 10 | If your total tax (Line 5) plus interest and penalties (Line 8) is less than your credits (Line 6) then you have overpaid. Enter the amount on Line 10. | | | | |
| Lines 11(a) and 11(b) | The taxpayer has the option of applying any part of the overpayment or the total amount of the overpayment as a credit on its next year's tax liability. Enter the desired credit on Line 11(a). The remainder, which will be refunded, should be entered on Line 11(b). If Line 11(a) is not completed, then the entire overpayment will be refunded. Please allow 12 weeks for processing your refund. | | | | |
| SIGNATURES | The return must be signed in ink and dated by the taxpayer or authorized agent. If the return was completed by a paid preparer, the preparer must also sign in ink and date the return. The preparer must also enter their federal employer identification number or preparer tax identification number and their complete address. | | | | |
| | | | | | |



ESTIMATED PRIVATE CAR TAX - 2004 QUARTERLY PAYMENT FORMS

WHO MUST PAY ESTIMATED TAX

Every corporation or company required to file a Private Car Tax return must also make an Estimated Private Car Tax payment for its subsequent taxable period, unless the annual estimated tax is less than \$200. However, quarterly payments are required to be made whenever your **annual** estimated tax for the subsequent taxable period equals or exceeds \$200. (See paragraph 6 for exceptions.

2 WHERE TO FILE

Mail your estimated tax payments to:

NH Department of Revenue Administration Document Processing Division PO Box 637 Concord NH 03302-0637

3 WHEN TO MAKE ESTIMATED TAX PAYMENTS

1st Quarterly payment due April 15, 2004 2nd Quarterly payment due June 15, 2004 3rd Quarterly payment due September 15, 2004 4th Quarterly payment due December 15, 2004

4 PAYMENT OF ESTIMATED TAX

Estimated tax may be paid in full with the initial declaration or in equal installments on the due dates stated in paragraph 3. Make checks payable to State of New Hampshire.

5 UNDERPAYMENT PENALTIES

A penalty at the underpayment rate as determined from time to time pursuant to RSA 21-J:28,II, on the amount of the underpayment for the period of the underpayment. This penalty will not be imposed if any of the statutory exceptions apply. See Form DP-2210/2220.

6 EXCEPTIONS TO THE UNDERPAYMENT PENALTY

The penalty shall not apply if you meet one of the exceptions provided in RSA 21-J:32. Please use form DP-2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty. To obtain this form, visit our web site @ revenue.nh.gov or call our forms line at (603) 271-2192.

7 NEED HELP

Questions not covered herein should be referred to Community Services Division, 57 Regional Drive, Concord, NH 03301. Telephone number (603) 271-2687. Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

ADDRESS (continued)

MAIL

TO:

CITY/TOWN, STATE & ZIP CODE

PO BOX 637

CONCORD NH 03302-0637

NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION

${\tt NEW\, HAMPSHIRE\, DEPARTMENT\, OF\, REVENUE\, ADMINISTRATION}$

ESTIMATED PRIVATE CAR TAX - 2004

| | 2004 TAXPAYER'S WORK | KSHEET – KEEP FOR YOUR REC | CORDS | | |
|---|--|---|--------------|-------------------------------|----------------------------|
| 1 All Private Car | Tax paid in 2003 | | | 1 | |
| 2 2003 OVERPAY (If the overpayr the next installr | 'MENT applied to 2004 taxesnent exceeds the first 1/4 installment, ment and so on) | the overage will be applied to | | 2 | |
| 3 BALANCE OF E | STIMATED PRIVATE CAR TAX (Line | 1 minus Line 2) | | 3 | |
| | СОМ | PUTATION and RECORD of PA | YMENTS | | |
| Date Paid | Amount of each Installment (1/4 of Line 3 of worksheet) | 2003 Overpayment Applied to Installment | Balan Due | | CALENDAR YEAR DUE DATES |
| 1 | \$ | \$ | \$ | | April 15, 2004 |
| 2 | \$ | \$ | \$ | | June 15, 2004 |
| 3 | \$ | \$ | \$ | | Sept. 15, 2004 |
| 4 | \$ | \$ | \$ | | Dec. 15, 2004 |
| | | IMPORTANT: | I | <u> </u> | |
| THE PEN | ALTY PROVISIONS OF RSA 21-J:32 | WILL APPLY IF THE ESTIMATE | REQUIREMENTS | S HAVE NOT BEEN | I MET. |
| | | | | | |
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| | | (Cut along this line) | | | |
| DP-111-ES 112 Payment Form 1 | ESTIMATED | RTMENT OF REVENUE ADMINISTR PRIVATE CAR TAX - 2004 RLY PAYMENT FORM | ATION | | |
| Due April 15, 2004 | | | | | FOR DRA USE ONLY |
| | PLEASE PRINT OR TYPE NAME OF TAXPAYER | | | FEDERAL EMPLOYER ID NUMBER | ENTIFICATION |
| FOR DRA USE ONLY | NUMBER & STREET ADDRESS | | | | |

Make check or money order payable to: **STATE OF NEW HAMPSHIRE.** Enclose, but do not staple or tape, your payment to this estimate.

Do not file a \$0 estimate.

DP-111-ES

Amount Of This Payment

Rev. 11/03

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ESTIMATED PRIVATE CAR TAX - 2004 QUARTERLY PAYMENT FORM

Payment Form 2

FOR DRAUSE ONLY

| Due June 15, 2004 | | | | | | |
|--------------------|---|--------------------------------|-------------|---|--|--|
| | PLEASE PRINT OR TYPE NAME OF TAXPAYER | | FEDERAL | EMPLOYER IDENTIFICATION NUMBER | | |
| | | | | | | |
| FOR DRA USE ONLY | NUMBER & STREET ADDRESS | | | | | |
| | | | | | | |
| | ADDRESS (continued) | | | | | |
| | CITY/TOWN, STATE & ZIP CODE | | - | | | |
| | OT MOWN, STATE & ZIP CODE | | | | | |
| | | | | | | |
| | NH DEPT OF REVENUE ADMINISTRATION MAII DOCUMENT PROCESSING DIVISION | Amount Of This Payment | \$ | | | |
| | MAIL DOCUMENT PROCESSING DIVISION TO: PO BOX 637 | Make check or money order p | ayable to: | ayable to: STATE OF NEW HAMPSHIRE. r tape, your payment to this estimate. | | |
| | CONCORD NH 03302-0637 Do not file a \$0 estimate. (Cut along this line) | | | DP-111-ES | | |
| | | | | Rev. 11/03 | | |
| | | | | | | |
| FORM | NEW HAMPOURDE DEDARTMENT OF DEV | VENULE A DAMINUOTO ATIONI | | | | |
| DP-111-ES | NEW HAMPSHIRE DEPARTMENT OF REV ESTIMATED PRIVATE CA | | | | | |
| 112 | QUARTERLY PAYMEN | | | | | |
| Payment Form 3 | | | | FOR BRALIEF ONLY | | |
| Due Sept. 15, 2004 | 4 | | | FOR DRA USE ONLY | | |
| Г | PLEASE PRINT OR TYPE NAME OF TAXPAYER | | FEDERAL | EMPLOYER IDENTIFICATION NUMBER | | |
| | NAME OF TAXPAYER | | ILDLIVAL | LIVII EOTEKIDENTII IOATIONNOMBEK | | |
| FOR DRA USE ONLY | NUMBER & STREET ADDRESS | | | | | |
| | | | | | | |
| | ADDRESS (continued) | | | | | |
| | CITY/TOWN, STATE & ZIP CODE | | _ | | | |
| | | | | | | |
| | NH DEPT OF REVENUE ADMINISTRATION | Amount Of This Payment | \$ | | | |
| | MAIL DOCUMENT PROCESSING DIVISION | | | | | |
| | Make check or money order pa | | | ayable to: STATE OF NEW HAMPSHIRE. tape, your payment to this estimate. DP-111-ES | | |
| | | | | | | |
| | (Cut along this line) | | | Rev. 11/03 | | |
| | (Gut along | g uns mie) | | | | |
| FORM | | | | | | |
| DP-111-ES | NEW HAMPSHIRE DEPARTMENT OF REV | | | | | |
| 112 | ESTIMATED PRIVATE CA QUARTERLY PAYMEN | | | | | |
| Payment Form 4 | QUARTERLI FATMEN | NI FORIVI | | | | |
| Due Dec. 15, 2004 | PLEASE PRINT OR TYPE | | | FOR DRA USE ONLY | | |
| | NAME OF TAXPAYER | | FEDERALE | EMPLOYER IDENTIFICATION NUMBER | | |
| FOR DRA USE ONLY | NUMBER & STREET ADDRESS | | | | | |
| TORBIOTOGE ONET | | | | | | |
| | ADDRESS (continued) | | 1 | | | |
| | | | | | | |
| | CITY/TOWN, STATE & ZIP CODE | | | | | |
| + | NH DEPT OF REVENUE ADMINISTRATION | | | | | |
| | MAIL DOCUMENT PROCESSING DIVISION | Amount Of This Payment | \$ | | | |
| | TO: PO BOX 637 | Make check or money order paya | ble to: STA | TE OF NEW HAMPSHIRE. | | |
| | CONCORD NH 03302-0637 Enclose, but do not staple of Do not file a \$0 estimate. | | | r tape, your payment to this estimate. DP-111-ES | | |